

Battle Born Youth ChalleNGe Academy



Lead the Way

YOUTH APPLICATION

(Part One)

The Youth & Medical applications must be submitted in their entirety before consideration can be given for acceptance.

Submit your application via mail or email to:

Battle Born Youth ChalleNGe Academy

PO Box 700

Carlin, NV. 89822

(Use US Postal Service only. UPS/FedEx do not deliver to PO boxes)

<https://nvng.nv.gov/BBYCA/>

Program Coordinator:

Lisa Williams

lrwilliams@govmail.state.nv.us

775-315-1154

Battle Born Youth ChalleNGe Academy Youth Application

Five Step Process for applying to the Battle Born Youth ChalleNGe Academy:

PURPOSE: These information pages (1-5) provide you a general overview of the Youth ChalleNGe Program and the Battle Born Youth ChalleNGe Academy (BBYCA). The more you know and understand about the Program, the better you'll be able to decide if this Program is for you. Keep these pages for your reference.

Step One – Attend a program presentation in your area. See website for dates, times, and locations. Youth and guardian attendance at a presentation is mandatory; it affords you the opportunity to learn about the program, expectations, and application process. You will also meet with an Admissions Specialist who will be able to answer your questions and guide you through the application process.

Step Two – Application, Part One (Youth): Please complete all the Youth Application Forms (A - L), leaving no questions blank. Submit these along with a copy of:

- (1) Applicant's Social Security Card
- (2) State ID Card, temporary paper copy accepted
- (3) US birth certificate or INS Proof of Permanent Residency card (I-551)
- (4) High School Transcript to the Academy address listed below.

- Unless otherwise noted, all forms should be filled out legibly by the youth applicant, and then signed and dated by both the youth and parent/guardian where indicated.
- **Always make copies of everything you mail for your own records.** These forms may be submitted to your Admissions Specialist in person, mailed, or emailed.
- Once you have submitted Part One, **begin Part Two immediately.**
- BBYCA Admissions Staff will review your initiated application (from Part One) and contact you concerning possible missing forms and to prompt submission of **Part Two.**

Application, Part Two (Medical): To ensure Applicants are physically and mentally sound for participating in the Battle Born Youth ChalleNGe Academy.

- Once the Youth and Medical Applications have been submitted, they will be referred to an "Admissions Panel."
- If your application is recommended for pre-acceptance – youth and parent/guardian will be invited to attend an Orientation, scheduled prior to the class start date.

Step Three – Orientation:

- **At least one parent or guardian should be present at an Orientation.**
- During Orientation youth should be prepared to:
 - Have a personal interview with a BBYCA Staff member. Upon completion of the interview, additional paperwork may be requested.
 - Participate in a brief "Cadet Life" experience, supervised by BBYCA Cadre Staff.
 - Review and complete any incomplete forms.

Assuming applicants have completed all of the steps above and have submitted all requested documentation, they should receive a conditional acceptance, deferral, or nonacceptance letter at least 4 weeks prior to the program start date. For those applicants receiving a conditional acceptance letter, they are required to complete Step Four.

Step Four - Mentor Application: Forms need to be given to your mentor nominee to be completed in a timely manner and submitted to BBYCA's Recruiting, Placement, Mentor Coordinator:

Battle Born Youth ChalleNGe Academy
PO Box 700
Carlin, NV. 89822

Battle Born Youth ChalleNGe Academy Youth Application

ABOUT THE BATTLE BORN YOUTH CHALLENGE ACADEMY

MISSION STATEMENT

The mission of the Battle Born Youth ChalleNGe Academy is to reclaim the potential of qualified and resilient youth through education, training, and service to the communities of Nevada.

BACKGROUND

The Battle Born Youth ChalleNGe Academy (BBYCA) is part of the National Youth ChalleNGe Program, authorized and funded by the Department of Defense and conducted by the National Guard. The Youth ChalleNGe Program was established in 1993. NGYCP currently operates over 35 Programs in 28 states, Puerto Rico, and the District of Columbia. The goal of the Program is to give students who have dropped out, or those who at risk of doing so, a second chance to complete their high school education. One of the most important things you need to know is that the Program is **voluntary** — you must apply and compete for admission.

HOW DOES THE PROGRAM WORK?

BBYCA is a fully-accredited Nevada high school, but not like any other high school or alternative school you have attended. It is not easy. The 17-½ month process has two phases. First, a **22-week Residential Phase** is conducted in a quasi-military environment that fosters our principles, structure and emphasis on self-discipline and personal responsibility. You'll be a member of a platoon with approximately 50 other people, live in an open bay, wear a uniform, meet military grooming standards, observe military customs and courtesies, march from place to place, and perhaps most importantly, you will be held accountable for your words and actions. The Staff is caring, dedicated, trained, and committed to helping you; they understand and appreciate the tough decision you've made to come to BBYCA and they will do everything they can to help you succeed. However, they will not cut you any slack or lower the standard. You will be expected to comply with our rules and meet our standards. The Staff uses a hands-off approach that is tough and disciplined, yet caring and respectful, to instruct, train, and motivate you. After graduating from the Residential Phase, you will continue in a mandatory **12-month Post-Residential/Mentoring Phase** to help you maintain the positive values and skills you acquired during the Residential Phase.

WHO IS A GOOD CANDIDATE TO ATTEND THE BBYCA?

We outline the mandatory eligibility criteria in Form A. However, beyond that, we are looking for youth who recognize the need to improve their education level and employment potential and are ready to make the effort and work diligently to succeed. **This must be the choice of the youth.**

WHAT CAN YOU ACHIEVE AT THE BBYCA?

Academically, depending on your age and how many high school credits you have earned, you may:

1. Earn credits and return to high school or alternative school.
2. Complete the HiSET requirements and advance to higher education.
3. Earn a High School Diploma from BBYCA - we are fully accredited.

Personally, you will learn a great deal about yourself and be amazed at what you achieve and how much you're capable of accomplishing. Graduating from BBYCA has the potential to change your life forever and give you the desire, confidence, and tools to build a better life for yourself.

(Continued on next page)

Battle Born Youth ChalleNGe Academy Youth Application

WHAT WILL YOU DO WHILE ATTENDING THE BBYCA?

There are eight (8) Core Components that must be mastered:

- **Academic Excellence** – You will take classes established by the local school district that will help you to advance your academic standing and earn credits. Our certified teaching staff is provided by Elko County Schools and classes will be small enough to ensure individual help and attention.
- **Leadership and Followership** – You will learn how to work in large and small groups, while developing a sense of personal responsibility and accountability.
- **Life Coping Skills** – You will learn about personal financial management, effective communication, anger management, drug and alcohol avoidance strategies, and relationship building, etc.
- **Job Skills** – You will learn basic work ethic skills, resume writing, job interview skills, and how to look for a job.
- **Service to Community** – You will each participate in a minimum of 40 hours of work for civic and community organizations, non-profit groups, or the disadvantaged.
- **Responsible Citizenship** – You will learn about our form of government, your civic rights and responsibilities, and how to be a positive member of your community.
- **Health and Hygiene** – You will practice personal hygiene, as well as learn about nutrition, substance abuse, and how to improve personal relationships.
- **Physical Training** – You will have daily exercise activities, including calisthenics, jogging, and intramural sports; you will leave BBYCA in the best shape of your life.

Your days will be full and busy, from as early as 5:00 a.m. to lights out at 9:00 p.m. You will learn to set your priorities, manage your time, and focus your attention. You will continually surprise yourself at what you can accomplish when you apply yourself.

WHAT HAPPENS AFTER I GRADUATE?

That depends on you, your age, how many credits you have towards your diploma, and what goals you set for yourself. As part of the Program, you will be required to prepare a Post-Residential Action Plan (P-RAP) for everything such as: housing, transportation, education, or career placement. You may decide to continue your education by returning to high school or going on to college or a vocational school. You might find a job, join Job Corps, or enlist in the military.

NOTE: Even though the BBYCA operates in a structured quasi-military format, it is not a military recruiting program and there is no requirement, expectation, or pressure to join the military; it is simply one of your MANY options after you complete the Residential Phase.

WHAT DOES IT COST TO ATTEND THE BBYCA?

Funding for the BBYCA is provided by the federal government and the State of Nevada. **There is no tuition cost to participate in the Program.** However, you will need to purchase a specified pair of boots, a pair of running shoes, and other basic items found on our packing list. The specific class packing list is provided to you when you are accepted into our Program.

Battle Born Youth ChalleNGe Academy Youth Application

APPLICATION CHECKLIST

PURPOSE: These documents are required to apply. We recognize that the process is not easy and we are asking for a great deal of information. It's all necessary to help us evaluate each application and ensure that the youth selected have the best chance to complete the Program. **Keep the first five pages of this packet for your reference and contact our Admissions Staff for assistance or questions.**

PART ONE – YOUTH APPLICATION & APPLICANT IDENT	
<input type="checkbox"/> Mandatory Eligibility Criteria – Form A (page 6) <input type="checkbox"/> Applicant Background Info – Form B (pages 7-8) <input type="checkbox"/> PII Permission – Form C (page 9) <input type="checkbox"/> Contact Information – Form D (page 10) <input type="checkbox"/> Student Goals – Form E (page 11) <input type="checkbox"/> Authorization to Release – Form F (page 12) <input type="checkbox"/> Family Education Rights and Privacy Act – Form G <input type="checkbox"/> Dropout / Eligibility Status – Form H (page 14) <input type="checkbox"/> Parent / Guardian Agreement – Form I (page 15) <input type="checkbox"/> Statement of Understanding – Form J (page 16-17) <input type="checkbox"/> Participation Agreement – Form K (page 18-19) <input type="checkbox"/> Legal Status Communication – Form L (page 20)	<input type="checkbox"/> Copy of Social Security Card – Signed, if over 18 years of age at time of graduation from BBYCA. <input type="checkbox"/> Copy of US birth certificate or INS Proof of Permanent Residency card (I-551) - Hospital record of birth is not sufficient. Official Birth Certificates usually state "Department of Vital Statistics." <input type="checkbox"/> Copy of Nevada State Identification Card - Driver's license, Military Dependent ID, or Passport. A temporary id card/receipt is acceptable, but school id's are not. <input type="checkbox"/> Copy of School transcript(s) - Current transcript from the last school the Applicant attended. Must include the cumulative GPA, total credits earned, and total credits required to graduate. <input type="checkbox"/> Copy of IEP or 504 Plan - With three (3) year Psychological or Educational evaluation, which will not expire prior to BBYCA Commencement date.
PART TWO – MEDICAL APPLICATION	PART THREE – MENTOR NOMINEE APPLICATION
<input type="checkbox"/> Medical Examination – Med Form A (page 2) <input type="checkbox"/> Medication Authorization – Med Form B (page 3) <input type="checkbox"/> Vision Health Statement – Med Form C (page 4) <input type="checkbox"/> Self-Report Medical Hist – Med Form D (page 6-7) <input type="checkbox"/> Medication History – Med Form E (page 8) <input type="checkbox"/> Dental Health Statement – Med Form F (page 9) <input type="checkbox"/> Consent for Medical Care – Med Form G (page 10) <input type="checkbox"/> Over-the-Counter Authorization – Med Form H <input type="checkbox"/> Limited Medical Services – Med Form I (page 12) <input type="checkbox"/>	<input type="checkbox"/> Mentoring Agreement – Mentor Form A (page 6) <input type="checkbox"/> Mentor Nominee Information – Mentor Form B <input type="checkbox"/> Mentor Training Commitment – Mentor Form C <input type="checkbox"/> Mentor Liability Release – Mentor Form D (page 10) <input type="checkbox"/> PII Permission – Mentor Form E (page 11) <input type="checkbox"/> Authorization for Background Check – Mentor Form F <input type="checkbox"/> Personal Reference Info – Mentor Form G (page 14) <input type="checkbox"/> Mentor Personal Reference Questionnaire – Mentor Form H (page 16) <input type="checkbox"/> Mentor Professional Reference Questionnaire – Mentor Form I (page 18)

Note: Other documents may be required. Program Staff will coordinate this during Orientation or on Registration day.

Submit only lettered application forms and copies of required identification.

Applications are reviewed by BBYCA Staff when all of Parts 1 and 2 are received. If the applicant is recommended for pre-acceptance, the youth and guardian will be invited to attend Orientation.

Battle Born Youth ChalleNGe Academy Youth Application

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Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form A - MANDATORY ELIGIBILITY CRITERIA

PURPOSE: This form lists the eligibility criteria that are **mandatory** to apply to and attend the Battle Born Youth ChalleNGe Academy. This form must be signed by both the applicant and the parent/guardian.

APPLICANT'S

NAME:

Last

First

Middle

Date of

Birth:

____/____/____

☐ Yes

☐ No

Will you be 16 - 18 years old when the class starts?

You must be at least 16 and no more than 18 years of age for admission to the BBYCA.

☐ Yes

☐ No

Are you a US citizen or legal resident of the United States and a resident of Nevada?

☐ Yes

☐ No

Are you a high school drop out? Or at risk of dropping out? [check all that pertain]

☐ I no longer attend school.

☐ I am enrolled in school, but have poor attendance and will drop out soon.

☐ I am low on high school credits and currently will not graduate on-time.

☐ I attend or last attended a state-approved alternative school.

☐ Yes

☐ No

Have you been accused of committing a crime or are you currently under indictment for a crime?

☐ Yes

☐ No

Have you been convicted of a crime and awaiting sentencing?

☐ Yes

☐ No

Are you currently on parole or probation?

☐ Yes

☐ No

Are you currently employed?

If yes, please answer the following:

Number of hours/week: _____ **Hourly wage:** _____

☐ Yes

☐ No

Are you free from the use of illegal drugs and/or illegal substances?

Applicants selected to attend the BBYCA must agree to be drug free during the program. Applicants will be tested for illegal substances during the 22-week Program. A failure of this drug test after registration will result in separation from the Program – **NO exceptions.** Willingness to be or to **become drug-free** is a requirement.

☐ Yes

☐ No

Are you physically and mentally capable of participating in the BBYCA?

Reasonable accommodations will be made for identified disabilities. Accommodations will be arranged prior to registration. Participants must be capable of participating with reasonable accommodations; this does not mean you have to be physically fit, but willing to become more physically fit.

☐ Yes

☐ No

Do you currently have (if yes, please include a copy):

☐ Individualized Education Plan (IEP)

☐ 504 Plan

Youth Applicant Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

*These are not disqualifiers
but must be disclosed.*

Battle Born Youth Challenge Academy Youth Application

BBYCA Form B - APPLICANT BACKGROUND INFORMATION

APPLICANT'S			
NAME: _____			
Social Security Number: _____ - _____ - _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Age: _____			
ADDRESS:		Home Phone:	
Street _____		Cell Phone: _____	
City _____	County _____	State _____	Zip code _____
		Message Phone: _____	
PHYSICAL DESCRIPTION AND DEMOGRAPHICS:			
Height: _____ Weight: _____		Hair Color: <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Black <input type="checkbox"/> Red	
		Eye Color: <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Green	
Ethnicity: <input type="checkbox"/> African American (Black) <input type="checkbox"/> Asian American <input type="checkbox"/> Native American / Alaska Native			
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Middle Eastern American <input type="checkbox"/> European American (White)			
Hispanic / Latino American (of any race) <input type="checkbox"/> Yes or <input type="checkbox"/> No			
What is the primary language spoken in your home? _____			
What is your family's annual income?			
<input type="checkbox"/> \$0 - \$15,000 <input type="checkbox"/> \$15,000 - \$25,000 <input type="checkbox"/> \$25,000 - \$35,000 <input type="checkbox"/> \$35,000 - \$45,000 <input type="checkbox"/> More than \$45,000			
Do you or any member of your household receive Public Assistance? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
If yes, type of assistance: <input type="checkbox"/> Food Stamps <input type="checkbox"/> Free or reduced school lunch <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Cash Aid <input type="checkbox"/> Medical - Insurance #: _____			
Is one or both of your parents or legal guardians currently incarcerated? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
YOUTH CHALLENGE HISTORY:			
Have you ever been a candidate in any other Challenge Program? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
If yes: When and Where? _____			
Why did you leave? <input type="checkbox"/> Own Request <input type="checkbox"/> Medical Reason <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Positive Drug Test <input type="checkbox"/> Disciplinary Reasons			
LIVING ARRANGEMENTS:			
Who do you live with? _____		How many people in your household? _____	
Are you: <input type="checkbox"/> A Foster Child <input type="checkbox"/> Adopted <input type="checkbox"/> Homeless <input type="checkbox"/> None of these. If 'Yes', since when? _____			
Are you in the care, custody, and/or supervision of the State of Nevada or a court in Nevada? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
If yes, are you a: <input type="checkbox"/> Ward of the State <input type="checkbox"/> Ward of the Court Since when? _____			
Are you Married? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Do you have Children? <input type="checkbox"/> Yes or <input type="checkbox"/> No If Yes, How many? _____	
RISK FACTORS:			
<input type="checkbox"/> Has repeated at least one (1) grade		<input type="checkbox"/> Has substance abuse behavior	
<input type="checkbox"/> Has absenteeism that is greater than 10% during the preceding semester.		<input type="checkbox"/> Is pregnant or a parent	
<input type="checkbox"/> Has an overall GPA that is less than 1.5, prior to enrolling in an alternative secondary program.		<input type="checkbox"/> Has serious personal, emotional, or medical problems	
<input type="checkbox"/> Has failed one or more academic subjects.		<input type="checkbox"/> Is an emancipated youth	
<input type="checkbox"/> Is two or more semester credits per year behind the rate required to graduate.		<input type="checkbox"/> Is a court or agency referral	
<input type="checkbox"/> Is a limited English-proficient student, who has not been in a program more than three years.			

(Continued on next page)

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form B - APPLICANT BACKGROUND INFORMATION (Continued)

EDUCATION:	
Current School Name: _____	Address: _____
Previous School Name: _____	Address: _____
Are you currently enrolled in High School? <input type="checkbox"/> Yes or <input type="checkbox"/> No Circle Grade Level: 9 10 11 12 If no, how long have you been a dropout? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> More than 1 year	
Have you officially withdrawn from school? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Have you ever been expelled or suspended from school? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, Date(s): ____/____/____ Why? _____ [use back if needed] ____/____/____ Why? _____	
Are you home-schooled? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, what program? _____	
Do you have any learning disabilities? <input type="checkbox"/> Yes or <input type="checkbox"/> No Do you have: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> N/A If yes, explain: _____	
Do you have a: <input type="checkbox"/> GED/HiSET <input type="checkbox"/> High School Diploma <input type="checkbox"/> Other Certificate <input type="checkbox"/> N/A	
Are you a member of a gang or affiliated with a gang? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Have you ever been involved in, questioned, arrested, or convicted of a crime? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, provide detail below. Include completed, Diversion, Probation, or Restitution. [use back if needed]: Date: ____/____/____ Crime: _____ Result: _____ Date: ____/____/____ Crime: _____ Result: _____	
Are you currently involved in any legal proceeding? <input type="checkbox"/> Awaiting trial <input type="checkbox"/> Awaiting sentence <input type="checkbox"/> On probation/diversion <input type="checkbox"/> Truancy <input type="checkbox"/> At-risk youth petition	
Do you smoke or use any tobacco product? <input type="checkbox"/> Yes <input type="checkbox"/> No BBYCA is tobacco-free. Will you be able to quit smoking/using tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever abused alcohol or been drunk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever used illegal drugs or abused prescription drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes, Which ones? _____	
Have you ever been treated or hospitalized for drug use? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where/When? _____	
<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Co-worker <input type="checkbox"/> Billboard/Location: _____ <input type="checkbox"/> Former Student(s): _____ <input type="checkbox"/> School, referred by: _____	<input type="checkbox"/> Picked-up a brochure <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Source/Other <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> TV Station: _____ <input type="checkbox"/> Radio Station: _____ Phone or email: _____
Do you know anyone else applying for the same class? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, who? _____	
Your signature below ensures that all information provided is true and accurate to the best of your knowledge and you understand that any false or omitted information will be grounds for not being accepted or for dismissal.	

Youth Applicant Signature

Parent / Legal Guardian Signature

Parent / Legal Guardian Signature

____/____/____
Date

____/____/____
Date

____/____/____
Date

PURPOSE: Pursuant to the Privacy Act of 1974, this document is to inform you about personally identifiable information (PII), the need for its collection, storage, and use for BBYCA operation, and the care taken in this effort for your protection. The statement "personally identifiable information" means any information relating to an identified or identifiable individual who is the subject of the information. However, combinations of the information may create a situation where the sensitivity of the aggregate information warrants restrictions on its use and disclosure.

BBYCA Form C – PERSONALLY IDENTIFIABLE INFORMATION (PII) PERMISSION

APPLICANT'S NAME:

Last

First

Middle

It may be difficult to define the level of sensitivity of every combination of PII. Therefore, good judgment must be exercised when handling PII in order to prevent disclosure. Sensitive PII, such as name and social security number (SSN), must be safeguarded at all times.

WHAT CONSTITUTES PII?

Any combination of two or more of the following items can be used to compromise a person's identity.

*Name	*DOB/Place of birth	*Social Security #	*Financial data	*Employment history
*Driver's license #	*Mother's maiden name	*Non-public use photos	*Vehicle license #	*Fingerprints, DNA
*Health information	*Criminal history	*Home address/phone #/email address		

It is the intent of the Battle Born Youth ChalleNGe Academy to provide the following policy and procedures on personally identifiable information collected within our application and intake process.

The information contained in each youth applicant's records is confidential, proprietary, and protected pursuant to Federal regulations; it is intended only for the use of the individual or entity for which it is directed. This information will not be copied, distributed, used, or shared in any manner that would otherwise jeopardize the identity or safety of the person it is regarding.

The data collected will be used for the purpose of youth applicant's admission, temporary school district enrollment, education/employment/volunteer placement, and program geographical, historical and statistical information for the continuation of the Program and to benefit the youth it serves.

If, as specialized services are developed in the future, an individual is requested to provide more information, the information will be handled as it would be on an in-person visit to the office of the State Department of Education. Users should be aware that any inquiry or correspondence sent to the State Department of Education may become a public record and may be subject to disclosure.

It is the understanding of the youth applicant and the parent / guardian that BBYCA will take precautions to protect all personally identifiable information. It is the understanding of the youth applicant and parent / guardian that the collection, storage and use of PII data is crucial to the successful operation of the 17-½ month BBYCA, the National Guard Youth ChalleNGe Program and its agents. The applicant and parent / guardian hereby authorize the Battle Born Youth ChalleNGe Program and its agents to collect, store, release and use this information for the purposes described herein.

SIGNATURES:

Youth Applicant Signature

Date

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Signature

Date

Battle Born Youth Challenge Academy Youth Application

PURPOSE: This form provides routine and emergency contact information about the applicant's parent(s) and/or legal guardian(s). Unless designated otherwise, contact will be made in the order listed. This information may be used as contact information for medical care partners of BBYCA.

Two Contacts Must be Provided

BBYCA Form D – CONTACT INFORMATION

1. Primary Parent / Legal Guardian		<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN: _____ - _____ - _____	Date of Birth: ____/____/____
Last Name: _____ First Name: _____ Middle Name: _____				
Address: _____ Primary Language Spoken: _____				
City: _____ State: _____ Zip code: _____ Secondary Language: _____				
Home Phone: _____ Cell Phone: _____ Work Phone: _____				
Employer: _____ Employment Address: _____				
Email: _____				
Relationship to Applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other:				
Authorized to pick-up Applicant at the Academy?		<input type="checkbox"/> Yes or <input type="checkbox"/> No	} These must be answered	
Should we contact this person in an emergency?		<input type="checkbox"/> Yes or <input type="checkbox"/> No		
2. Primary / Secondary Parent		<input type="checkbox"/> Male <input type="checkbox"/> Female	SSN: _____ - _____ - _____	Date of Birth: ____/____/____
Last Name: _____ First Name: _____ Middle Name: _____				
Address: _____ Primary Language Spoken: _____				
City: _____ State: _____ Zip code: _____ Secondary Language: _____				
Home Phone: _____ Cell Phone: _____ Work Phone: _____				
Employer: _____ Employment Address: _____				
Email: _____				
Relationship to Applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other:				
Authorized to pick-up Applicant at the Academy?		<input type="checkbox"/> Yes or <input type="checkbox"/> No	} These must be answered	
Should we contact this person in an emergency?		<input type="checkbox"/> Yes or <input type="checkbox"/> No		
3. Alternate Emergency Contact		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> SSN not provided SSN: _____ - _____ - _____	Date of Birth: ____/____/____
Last Name: _____ First Name: _____ Middle Name: _____				
Address: _____ Primary Language Spoken: _____				
City: _____ State: _____ Zip code: _____ Secondary Language: _____				
Home Phone: _____ Cell Phone: _____ Work Phone: _____				
Employer: _____ Employment Address: _____				
Email: _____				
Relationship to Applicant: <input type="checkbox"/> Grandparent <input type="checkbox"/> Step Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:				
Authorized to pick-up Applicant at the Academy?		<input type="checkbox"/> Yes or <input type="checkbox"/> No	} These must be answered	
Should we contact this person in an emergency?		<input type="checkbox"/> Yes or <input type="checkbox"/> No		

Youth Applicant Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form E - STUDENT GOALS

PURPOSE: In applying to BBYCA, you're making a statement – a commitment about wanting to change your life and create a future for yourself. You won't succeed if you're doing this for someone else or for the wrong reason(s). So, we must ask – what do you hope to accomplish by attending BBYCA?

Student Goals must be filled-out by the youth.

APPLICANT'S NAME:

Last

First

Middle

What do you hope to accomplish by attending BBYCA?

- | | |
|---|--|
| <input type="checkbox"/> Opportunity to enroll in a vocational training program | <input type="checkbox"/> Opportunity to earn a High School Diploma |
| <input type="checkbox"/> Opportunity for employment | <input type="checkbox"/> Opportunity to earn a HiSET |
| <input type="checkbox"/> Opportunity to enlist in the military service | <input type="checkbox"/> Opportunity to enroll in college |
| <input type="checkbox"/> Personal sense of accomplishment, self-esteem, & self-discipline | |
| <input type="checkbox"/> Other (please explain): _____ | |

- Success in the Youth ChalleNGe Program and at the Battle Born Youth ChalleNGe Academy requires a Cadet to be committed, focused, and willing to work hard to achieve his/her stated goals. This is a mandatory part of the application.

What are your goals? What do you want to be doing in the next year and a half?

Goal #1 (6-months): _____

Goal #2 (12-months): _____

Goal #3 (18-months): _____

How will BBYCA help you achieve these goals?

Type of jobs you would like to do or would like to explore:

SIGNATURE:

Youth Applicant Signature

____/____/____
Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form F – AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PURPOSE: In processing your application, there may be a need to confirm or clarify the personal information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application. Youth must also meet legal eligibility requirements and this information will be used to conduct a background check to ensure those criteria are met.

APPLICANT'S NAME:

Last

First

Middle

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

ADDRESS:		Home Phone:	
_____ Street		_____ Cell Phone:	
_____ City	_____ County	_____ State	_____ Zip code
_____ Message Phone:			
Other Nevada Counties in which the Applicant has lived:			

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the State of Nevada, its counties, its cities, and its agencies to submit and/or exchange all pertinent information with the Battle Born Youth ChalleNGe Academy (BBYCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the BBYCA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the Privacy Act and other federal and/or state laws or regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. BBYCA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA). FERPA protects the confidentiality of student records to some extent, while giving students the right to review their own records.

I also understand that I may revoke this consent at any time, except to the extent that action has been taken, and that in any event, this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the BBYCA.

SIGNATURES:

_____ Youth Applicant Signature	____/____/____ Date
_____ Parent / Legal Guardian Signature	____/____/____ Date
_____ Parent / Legal Guardian Signature	____/____/____ Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form G – FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

PURPOSE: The Family Education Rights and Privacy Act (FERPA) afford parents and students, over 18 years-of-age, certain rights, with respect to the student's education records.

APPLICANT'S

NAME:

Last

First

Middle

Date of

Birth:

____/____/____

BBYCA POLICY TO COMPLY WITH FERPA

It is the policy of BBYCA to release Applicant/Cadet (Cadet) information, records, and files, in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA). The FERPA requires BBYCA to provide "advance" information to parents/guardians (parents) and Cadets 18 years-of-age or older, regarding information the Program will release about Cadets and to whom. The following information/records will be released, in accordance with FERPA, under the following circumstances:

1. To other school officials, including teachers, who have legitimate educational interests in the information.
2. Officials of other schools that the Cadet seeks to enroll in, as long as the Cadet is notified of the transfer of documents and has the opportunity to challenge the content.
3. Representatives of Office of the Attorney General and the Department of Education.
4. State or local officials, if the disclosure concerns the juvenile justice system and its ability to serve the Cadet, prior to adjudication, as long as officials certify in writing that the officials will not release the information to others.
5. Accrediting/auditing organizations.
6. Parents of a dependent Cadet.
7. Appropriate persons in health and safety emergencies.
8. A person designated in a lawfully issued subpoena, as long as the educational agency makes a reasonable attempt to contact the parents before complying with the subpoena.
9. BBYCA must disclose, to the maximum extent possible, Cadet information to:
 - a. Law enforcement agencies, youth protective services, and health care professionals, in connection with a health and/or safety emergency, if the information is necessary to protect the Cadet.
 - b. Courts and state/local juvenile agencies, if related to the courts/agency ability to serve the needs of the Cadet prior to adjudication. Persons receiving information must certify in writing that the information will not be disclosed.
10. Mentors designated by the Cadet and approved by BBYCA, will receive a copy of the Cadet Post-Residential Action Plan (P-RAP) which may contain various scores and results from the Cadet's attendance at BBYCA, along with the names and addresses of the Cadet and his/her parents. All mentors receive training and sign an agreement to comply with FERPA confidentiality.

By your signatures below, you acknowledge and authorize the release of information and that you have been provided advance notice under FERPA. Due to the nature and the structure of BBYCA, you are giving your consent that we display and give verbal announcements of scores, grades, and results of assignments, packets, projects, and tests, within the constraints of the classrooms, living, and work areas. You are encouraged to review the FERPA law if you have any questions or want additional information regarding your rights.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form H - CERTIFICATION OF DROPOUT/TRANSFER STATUS

PURPOSE: The purpose of this form is to certify that the Applicant is a high school dropout and/or at-risk of dropping out and will consent to formal transfer from their present / former high school upon enrollment at BBYCA. Even if he/she has dropped out, a student must formally transfer from their former school to BBYCA. **Each school district has their own procedure / document for transferring a student to another school, and you must allow BBYCA officials to initiate the transfer process.** This form must be completed and signed by both the parent/guardian and the applicant.

APPLICANT'S

NAME:

Last

First

Middle

Date of

Birth:

____/____/____

As the parent/legal guardian of _____, or as a youth of legal age, I hereby certify that my youth (or I) meet(s), or will meet, the dropout / transfer eligibility requirement established by the federal guidelines of the Youth ChalleNGe Program and the Mandatory Eligibility Criteria established for the Battle Born Youth ChalleNGe Academy. I confirm that my youth (or I) is/am currently a dropout, or will consent to withdraw from _____ High School, in the _____ School District, in order to be eligible to attend BBYCA.

Please check all of the risk factors below that apply to the Applicant.

RISK FACTORS:

☐ Has repeated at least one (1) grade

☐ Has absenteeism that is greater than 10% during the preceding semester.

☐ Has an overall GPA that is less than 1.5, prior to enrolling in an alternative secondary program.

☐ Has failed one or more academic subjects.

☐ Is two or more semester credits per year behind the rate required to graduate.

☐ Is a limited English-proficient student, who has not been in a program for more than three years.

☐ Has substance abuse behavior

☐ Is pregnant or a parent

☐ Has serious personal, emotional, or medical problems

☐ Is an emancipated youth

☐ Is a court or agency referral

SIGNATURES:

Youth Applicant Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form I - PARENT/GUARDIAN AGREEMENT

PURPOSE: This form outlines **mandatory** responsibilities of the parent/guardian to support their child's attendance at BBYCA. **Failure of the parent/guardian to live up to any provision of this agreement will result in their child being separated from the Program and returned home.**

I am the parent/guardian of:

APPLICANT'S

NAME: _____

Last

First

Middle

Date of

Birth: ____/____/____

I understand the requirements, responsibilities, conditions, and expectations associated with my son/daughter attending BBYCA. I understand and agree to the following:

1. **AUTHORITY TO ENROLL** – I am the parent/legal guardian of the Applicant and have the legal authority to enroll him/her in the BBYCA.
2. **CONTACT INFORMATION** – I understand and agree that I must provide contact information and keep it current at all times, including: mailing address, telephone numbers, emergency contacts, and email address.
3. **TRANSPORTATION** – I understand that I am responsible for all of my youth's transportation to and from BBYCA. I agree to personally pick-up my youth, and return them at the designated times, during the 22-week Residential Phase of the Program (at the start of the Program, during Home Pass, at Commencement, or in the event my youth is separated from the Program). BBYCA Staff cannot provide unscheduled transportation of Cadets to/from the Program site in Carlin.
4. **PRESCRIPTIONS/MEDICAL** – I understand and agree that I am responsible for sending at least one (1) month's supply of youth's medications, blister-packed, along with refills to give to the pharmacy. I am also responsible for making arrangements with the local designated pharmacy (see below) to ensure my youth has all prescription medications available to him/her. I further understand and agree that any medical/dental appointments needed must occur before the class begins or during scheduled home pass. The 22-week Residential Phase class training schedule will only accommodate emergency / urgent care type situations.
Designated Pharmacy: To Be Determined
5. **MENTOR** – I understand and agree that a condition of acceptance, enrollment, and retention at BBYCA is to have a qualified and committed mentor nominee for my youth. The mentor's application will be reviewed, and a background check completed for approval. The mentor must also complete an interview and a three (3) hour in-person training course. In-person training course locations and times are listed under "Calendar of Events" on the website. There will be onsite training in Carlin on registration day and multiple additional trainings across the state in the following weeks. Rejection of or non-participation by a mentor will result in the youth being separated from the Program.
6. **ISSUED CLOTHING AND EQUIPMENT** – I understand and agree that my youth is responsible for any clothing or equipment issued to him/her while attending BBYCA. Any clothing or equipment lost or intentionally damaged or destroyed must be paid for before Commencement. No diploma, school credits, or Commencement credits will be released until the debt is settled.
7. **"HANDS OFF" POLICY** – I understand BBYCA employs a "hands off" policy in all aspects of the Program. This means that no Staff member may touch a Cadet or use abusive language as a means of coercion. BBYCA Staff is trained and expected to lead and supervise through positive methods that do not include the use of physical force or verbal abuse.
8. **RUNAWAY PROCEDURE** – I understand that if my youth leaves BBYCA facilities without proper authorization (AWOL), I will be notified within a reasonable time of such an occurrence. Runaway youth may be reported to the Elko County Sheriff Department as a "Runaway."
9. **PUBLICATION RELEASE** – I understand that my youth will have his/her photo and video with sound taken during Orientation and the 22-week Program that may be used in class newsletters, slide presentations, promotional materials, and other publications with partners and in the communities. They may also be interviewed by members of the print or electronic media for use in news stories.

SIGNATURE:

Parent / Legal Guardian Signature

Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form J - STATEMENT OF UNDERSTANDING & PROGRAM OVERVIEW

PURPOSE: This form provides a general overview of the policies and procedures that are used in conducting BBYCA. It is a highly structured program, conducted in a military format that emphasizes positive values, group and individual responsibility, and personal accountability. Students must cooperate and comply with all Program rules and regulations. Failure to do so may result in immediate dismissal. It is **not** like a regular high school.

APPLICANT'S

NAME:

Last

First

Middle

Date of

Birth:

____/____/____

ACCLIMATION PHASE (Weeks 1 – 2) is an intense, highly structured environment, with an emphasis on quasi-military-style discipline, physical fitness, and group interaction, with instruction on proper health and hygiene habits.

- A quasi-military model is used to conduct the Program and Cadets will wear uniforms, comply with military courtesy and grooming standards, learn to march, and learn how to be an effective member of a larger group.
- Cadre Team Leaders will use a command voice for motivational purposes and to gain attention. Listen and follow directives – do not take it personally.
- Cadets will be organized into a group of approximately 50 youth, called a Platoon, and assigned to a bay.
- Smaller groups will be established for daily activity purposes, projects, work details, etc.
- The Cadets will be responsible for cleaning and maintaining the buildings and grounds where they will be living, learning, and training. This will continue for the entire 22-week class period.
- The Cadet's day is fully planned. Cadets will learn to be very efficient and use their time effectively.

RESIDENTIAL PHASE (Weeks 3 – 22) will focus on academics yet continue the military format and daily physical fitness regimen. Cadets will be involved in a series of service to the community projects and other off-site activities.

- In addition to the academic classes, the ChalleNGe curriculum includes Leadership/Followership, Job Skills, Life Coping Skills, Service to Community, Responsible Citizenship, Health and Hygiene, and Physical Training - The Eight Core Components. **Cadets must show improvement in each of the Core Components, in comprehension and/or demonstration, in order to successfully complete the Residential Phase.**
- Teachers are certified instructors from Elko County Schools. Also, other qualified instructors from the BBYCA Staff and guest instructors from other schools and the business community take part in additional training.
- Cadets may have homework.
- Cadets must also develop a placement plan that outlines goals after Commencement. This is also a requirement in order to successfully complete the Residential Phase.
- Cadets are urged to return from Home Pass with a document proving they will be engaged in a productive activity (school enrollment, job, volunteer position, etc.) during the 1st Post-Residential month. This is called "Proof of Launch Placement."

POST-RESIDENTIAL PHASE (1-year period following Commencement)

- Cadets will maintain weekly contact with their mentors and continue to build on the success and positive trends achieved during their 22-weeks at BBYCA.
- Engaging in school, employment, or volunteering, Cadets must stay productively active during the Post-Residential Phase, in order to be considered in good standing and be invited to any alumni events.

(Continued on next page)

Battle Born Youth ChalleNGe Academy Youth Application

IMPORTANT CONSIDERATIONS FOR THE APPLICANT:

- You will be living in large group, in a structured environment, with many of rules and regulations - **you do things our way and on our schedule**. Your day will begin early.
- You will share responsibility and accountability with a larger group - a platoon or team - and you will be held accountable and share the success or experience the failure of the larger group.
- You will be living and sleeping in an open bay dormitory, with group restroom/shower facilities.
- Smoking/tobacco is not allowed on campus - this applies to Cadets and Staff.
- You will get three balanced meals a day.
- You will not be allowed to have a cell phone, tablet, laptop, TV, radio, or any other electronic device. No junk food, soft drinks, candy, gum, etc. Unauthorized items will be confiscated and destroyed.
- Proper health and hygiene - showers, flossing and brushing your teeth, etc. - will be a mandatory part of your daily routine.
- As with any large living group, there will be differences and disagreements. You will be taught and expected to react responsibly, and there is zero tolerance for disrespecting fellow Cadets or Staff, bullying, fighting, lying, hazing, or acting out against others.

REMEMBER:

- You are applying to the BBYCA because you don't like the direction your life is heading, and realize you need to improve your education level. The Program is difficult, but you **can** do it and start building a better future for yourself. Since 1993, across the nation, more than 170,000 other youth have graduated from Youth ChalleNGe Programs and are now on the road to success.
- Every member of the BBYCA Staff respects you for the decision you've made, cares about you personally, and will work hard to help you succeed and reach your full potential.
- The military model is very structured, often intense, and focuses on group and individual responsibility and accountability.
- The Staff members will often raise their voices - because you or one of your fellow Cadets are doing something unacceptable- but they will never curse, touch, or disrespect you. Listen to what they're saying and correct your actions/behavior, but do not take it personally.

THE BOTTOM LINE IS:

- You will increase your reading, math and language skills.
- You have the opportunity to earn high school credits, and/or complete the requirements for a HiSET or High School Diploma.
- You will be amazed and proud at what you accomplish and the positive change in your self-confidence and self-esteem.
- Working with your Mentor, you will learn and strengthen relationship skills. Since everything in life is about relationships, this will enhance your chance for success in all areas of the Program and your personal life.
- When you graduate, you will have short, intermediate, and long-range placement plans that will help you continue the success you enjoyed at the Academy and achieve your post-Commencement goals.
- You have many people who care about you and are very proud of your decision to attend the BBYCA. They will be pulling for you every step of the way.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form K – BBYCA PARTICIPATION AGREEMENT & TERMINATION POLICY

PURPOSE: This form outlines the expected performance and behavior for students attending BBYCA, and other specific policies, requirements, or prohibited activities. It outlines the termination policy for Cadets attending the BBYCA and the specific reasons that can/will result in dismissal from the Program. High School credit is earned based on classroom participation and successful completion of assignments and tests. Credits will be awarded upon the student's successful completion of the Residential Phase of the Program. Program success is defined by the student's willingness and effort to improve in each of the Eight Core Components prior to Commencement. Attending the BBYCA is a privilege, not a right.

APPLICANT'S

NAME:

Last

First

Middle

Date of

Birth:

____/____/____

I have read and understand the policies, rules, and expected behaviors while attending BBYCA, and hereby acknowledge my willingness and intent to comply. BBYCA reserves the right to dismiss any participant, at any time during the Program, based on any false information provided during the application process, or as warranted for violating Academy policies and/or procedures. If a Cadet quits, is involuntarily separated at any time during the 22-week class session, or fails to improve in all eight core components, he/she may not receive any academic credits or grade report.

The two-week Acclimation Phase is the trial period, where each participant is given an opportunity to prove his or her commitment to the Program and demonstrate their ability to complete the Program. Each Cadet must satisfactorily complete this two-week phase; advancing to the 20-week Residential Phase is **not** automatic - some Cadets may be separated at this point.

CADETS ATTENDING THE BBYCA AGREE TO THE FOLLOWING:

- Observe the BBYCA Honor Code: I will not lie, cheat, or steal nor tolerate others who do.
- The rules in the Cadet Handbook are mandatory and must be followed, without exception.
- Listen, obey, and follow through with all orders, commands, and/or instructions that are given by the Staff, teachers and/or administrative personnel, whether verbal or written. BBYCA personnel will not give any order or directive that compromises the safety, security, well-being, or integrity of any Cadet.
- Cadets will not have a cell phone, tablet, laptop, TV, radio, or any other electronic device. There are no open phones or email/texting privileges.
- No jewelry of any kind is allowed. Religion affiliated symbols, of modest size and on a simple chain, may be worn under clothing, but will not be visible and must not present a safety hazard.
- No barrettes or ribbons are allowed.
- Do not bring money or plan on having money sent or given to you during the class.
- Boyfriend/girlfriend relationships between Cadets during the Residential Phase of the Program will not be permitted or tolerated.
- Attend all classes, sessions, formations, and meetings arriving on time, in the proper uniform, with the proper materials/equipment.
- Participate in all class studies, projects, and training sessions.
- Maintain daily personal hygiene.
- Display proper respect for all Staff members and fellow Cadets by observing all military customs and courtesies as instructed. (I.e., wearing the designated uniform, using proper forms of address, marching in formation, etc.)
- The BBYCA uniform will be worn properly and with pride. (I.e., no sagging pants, shirts will be tucked in, etc.)
- Use proper title and last name when addressing Staff members and peers.
- Use the Chain of Command to resolve complaints or concerns.
- Be silent, unless instructed otherwise.

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Battle Born Youth ChalleNGe Academy Youth Application

- Participate in daily Physical Training (PT).
- Participate in Service to the Community learning projects, which involve local travel and some physical exertion.
- Report all injuries/illnesses to BBYCA Staff in order to receive timely and appropriate treatment by the Staff nurse or local health care provider.
- Participate in daily work details that may include cleaning the building, maintaining the grounds, doing laundry, working in the kitchen, etc.
- Respect yourself, the BBYCA Staff, the BBYCA facility and grounds, and your fellow Cadets and their property.
- Do not deface yourself, your clothing, or any other property/equipment with any cutting, marking, writing, or graffiti.
- Recognize that the safety and well-being of all Cadets and Staff are paramount, and all participants must abide by the BBYCA safety standards, instructions, and rules.
- Honor your commitment to complete the Program and not quit, hide, leave the campus, or run away.

THE FOLLOWING MAY RESULT IN DISCIPLINARY ACTION AND POSSIBLE REMOVAL FROM THE PROGRAM:

- Continual disorderly conduct that disrupts the learning experience of the other Cadets and/or prevents the Staff from helping Cadets succeed.
- No gang related graffiti, verbal greetings, hand signs, body stance, shoestrings, or other ways of wearing clothing will be tolerated.
- BBYCA is a tobacco free campus. There is **zero** tolerance for any possession or use of illegal drugs or alcohol, or abuse of prescription medications, while attending the BBYCA.
- At the discretion of the Director, any behavior that constitutes a real or perceived threat to the health, safety, or welfare of the Cadets and/or Staff.
- Violating or otherwise not responding, complying, or making progress within the prescribed policies, procedures, rules, or Program requirements.
- Refusing to comply with Staff directives or otherwise indicating by words or actions that the Cadet no longer wants to succeed and has decided to give-up.
- Leaving the BBYCA campus or any other Program sponsored activity or off-campus location - going AWOL.
- Any assault or contact (whether it be physical, verbal, or sexual in nature) that is considered provoking, bothering, irritating, hazing, or teasing a fellow Cadet, or encouraging others to do the same.
- Any significant, deliberate damage to BBYCA buildings, facilities, or property. Please note that parent(s)/guardian(s) will be charged for the damage.
- Possession of any items or contraband not specifically authorized in the Cadet Handbook. Personal belongings, including mail, are subject to search for contraband.
- Any injury and/or medical dental issue(s) that interfere with or prohibit daily participation in all activities.
- Any mental health issues, including depression, talk or threat of suicide, a display of uncontrolled anger, or psychological disorders/disruptions.
- Cadets who refuse to take their prescribed medications or discontinue use, do so with the understanding that any resulting behavior or recurring medical issues will make them subject to disciplinary action or dismissal, as stated in the above explanations.
- Any pre-existing mental/physical health issue, legal or criminal history, etc. not disclosed in the application or interview.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Battle Born Youth ChalleNGe Academy Youth Application

BBYCA Form L - LEGAL STATUS COMMUNICATION

PURPOSE: The National Guard Youth ChalleNGe Program Cooperative Agreement requires BBYCA to communicate the following information. The Cooperative Agreement sets the provisions by which the State and Federal governments will collaborate to provide citizens the National Guard Youth ChalleNGe Program.

I _____ have been notified of the following information:

1. All Candidates / Cadets, while at the Battle Born Youth ChalleNGe Academy, are neither considered federal employees, nor are they a member of the National Guard, except under certain provisions of the law.
2. All Candidates / Cadets shall be considered federal employees, for the purpose of compensation for work-related injuries.
3. All Candidates / Cadets shall be considered federal employees relating to the liability of the United States for tortious (legal) conduct of employees of the United States.
4. All Candidates / Cadets shall not be considered to be in performance of duty while not at the assigned location of training or other activity authorized with the Program agreement, except when the Cadet is traveling to or from the location or is on a pass from the training or other activity.
5. All Candidates / Cadets, when computing compensation benefits or disability or death, the monthly pay of a Cadet shall be deemed that received under the entrance salary for a Grade- GS-2 Federal employee.
6. All Candidates / Cadets understand that the entitlement of a person to receive compensation for a disability shall begin on the day following the date the person's participation in the Program is terminated.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Parent / Legal Guardian Signature

____/____/____
Date

Battle Born Youth ChalleNGe Academy Youth Application

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